

Bruce Rauner
Governor

John Baldwin
Acting Director



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Woods, Lawrence

11/21/17

Date

ID# : B15395

Facility: Stateville

This is in response to your grievance received on 10/23/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 12/16/16 Grievance Number: H1180 Griev Loc: Stateville

- Transfer denied by the Facility
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____
- Commissary / Trust Fund _____
- Conditions (cell conditions, cleaning supplies, etc.) _____
- Disciplinary Report: Dated: _____ Incident # _____
- Other Medical treatment for knee (MRI, low hunt permit, outside physician visit)

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Other: The actual treatment ordered is not within jurisdiction of this office and must be ordered by the attending physician

FOR THE BOARD: Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED: John R. Baldwin
John R. Baldwin
Acting Director

CC: Warden, Stateville Correctional Center
Woods, ID# B15395

Mission: To serve justice in Illinois and increase public safety by promoting positive change through offender behavior, operating successful reentry programs, and reducing victimization.

Knauer, Debbie

From: Utke, Tiffany
Sent: Wednesday, November 29, 2017 10:35 AM
To: Knauer, Debbie
Subject: RE: Terrance Woods B15395

Per the clinic note, mold was a suspect but did not say where the mold was. I believe this is all self-reporting from the offender. He has been seen multiple time regarding his issues. He was seen on these dates. 9/6, 9/20, 10/30, 11/13, and 11/27.

From: Knauer, Debbie
Sent: Wednesday, November 29, 2017 9:53 AM
To: Miller, Michelle R.
Cc: Utke, Tiffany
Subject: RE: Terrance Woods B15395

Please advise as I am unable to finalize the grievance without your response.

Debbie Knauer

From: Knauer, Debbie
Sent: Wednesday, October 18, 2017 9:19 AM
To: Miller, Michelle R.
Cc: Utke, Tiffany; Connors-Johnson, Debra
Subject: Terrance Woods B15395

I am reviewing a grievance from Woods dated 5/24/17 wherein he states the mold in the school/law library as caused him numerous health issues with the latest issue being eye pain and irritation. The G.O. response states the optometrist exam indicates "suspect mold as etiology of eye allergies". Can you tell me what treatment he has received and if the mold is what caused the eye irritation?

Thanks

Debbie Knauer
Office of Inmate Issues
Administrative Review Board
217-558-2200 Ext. 2035
Fax 217-522-1957

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AUG 02 2017

ADMINISTRATIVE
REVIEW BOARD

B613

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Optometric Examination

Stateville

Center

 Baseline Annual

Date: 4/5/17

Time: 1215 p.m.

Offender Information:

Last Name: Woods

First Name: Terrance

MI:

ID#: BI5395

Chief Complaint:

Eye irritation O.U.

HPI:

Location: _____
Duration: _____
Onset: _____
Severity: _____
Timing: _____
Modifiers: _____

Ocular History:

Cataracts: _____
 Glaucoma: _____
 Disease: _____
 Trauma/Surgery: _____
 Strabismus: _____
 Amblyopia: _____

Medical History: NIDDM IDDMVisual Acuity: Uncorrected Distance: OD 20/
Uncorrected Near: OD 20/ Hypertension Other: _____ OS 20/ _____ OU 20/ _____ OS 20/ _____ OU 20/ _____

Refraction: OD: _____

OS: _____

OD: _____

OS: _____

20/

Type: SV Bifocal

Date: / /

Pupils: Round Full Applanation Equal Abnormal Tonopen Responds to Light/AccommodationConfrontational Fields: Full NCT OD _____ OS _____APD Abnormal

Time: _____

Cover Test:	Distance	Near	Slit Lamp Exam:	WNL	ABNL
Eso			Cornea	RL	
Exo			Conjunctiva		RL
Tropia			Iris/Ant. Chamber	RL	
Phoria			Lens		↓
Ortho			Lids/Lashes		

Grade 2 Hyperemia O.U.
Blepharitis OK

Opthalmoscopy:	WNL	ABNL	Right	Left	Method:
Disc	RL				<input type="checkbox"/> Direct
Vessels	↓				<input type="checkbox"/> BIO
Macula					<input type="checkbox"/> 78D
Periphery					<input type="checkbox"/> 3 mirror
Vitreous	↓				<input type="checkbox"/> Other: _____
Cup to disc: OD .25 OS .25			Cup Depth: <input type="checkbox"/> Deep	<input type="checkbox"/> Moderate	<input type="checkbox"/> Shallow
					<input type="checkbox"/> PE 2.5% Trop 1%

Assessment/Plan: 1. Blepharitis O.U.
2. Suspect mold as etiology of eye allergies
3.
4.
5.

Medications Ordered: Ketotifen ophthalmic sol. & Polyvinyl Alcohol

Eyeglasses Ordered: Frame: Size: Color: _____

Rx: OD: _____ Add: _____ Seg Height: _____
OS: _____ SV FT28 Reading Only PD: _____Timothy J. Fahy, OD
Print Doctor's NameTimothy J. Fahy, OD
Doctor's Signature

Follow-Up: 3 months

DOC 0081 (Eff. 9/2002)

Printed on Recycled Paper

noted 4-5-17 230p